



Minnesota Vikings Cheerleading Clinic

Saturday, August 1, 2009

4:00 – 5:00 PM

Blakeslee Stadium

Minnesota State University,



REGISTRATION FORM

Each participant **must** submit a completed registration form with a liability waiver signed by a parent or legal guardian. Registration forms must be presented upon check-in, on the day of the clinic. Check-in will begin at 3:30 pm at the north entrance to Blakeslee Stadium. In case of inclement weather, the clinic will be held inside at Myers Fieldhouse. Please be sure to pick your child up after the event.

****The Minnesota Vikings will not be responsible for any child left at the event.****

Participant Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Day Phone: _____

Is your child healthy? Yes No

Do you have medical insurance? Yes No

Please Check here if you do not wish to be included in any future Minnesota Vikings or Minnesota State University, Mankato mailings.

WAIVER OF LIABILITY

(READ CAREFULLY—BY SIGNING BELOW YOU ARE WAIVING ALL CLAIMS & ASSUMING ALL RISK)

Participant's Name (please print): _____

As participants in the Minnesota Vikings' Cheerleader Clinic on August 1, 2009 ("Clinic"), at Minnesota State University, Mankato, we understand that we assume all incidental risk and danger and by agreeing of our own free will to be participants, waive any claim against Minnesota Vikings Football, LLC; its members; their staff; Minnesota State University, Mankato; Clinic staff; Verizon Wireless; and the NFL. I acknowledge that I am responsible for any and all medical expenses due to the participant's illness or injury in connection with the Clinic. However, I grant permission to Clinic Staff to provide the participant with emergency medical treatment if needed.

Name of Participant's Parent or Legal Guardian Name (Please Print)

Signature of Participant's Parent or Legal Guardian

Date